

# APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2008

CITY OF ABBEVILLE  
100 COURT SQUARE  
P.O. BOX 40  
ABBEVILLE, SC 29620  
864-459-5017



This Application is for new businesses within the City of Abbeville.

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

BUSINESS CLASS: \_\_\_\_\_

BUSINESS DESC: \_\_\_\_\_

LICENSEE/OWNER: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

( ) VISA ( ) MASTERCARD ( ) DISCOVER  
( ) AMERICAN EXPRESS

AMOUNT\$ \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

TAX ID NUMBER or  
SSN Number: \_\_\_\_\_

OWNERSHIP TYPE:

Individual \_\_\_\_\_  
Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_

## Calculation of License Fee Based on Rate Class

1. Minimum Fee For Class Rate

Estimated Gross Receipts for 2008 \$ \_\_\_\_\_

- \$ 2,000.00 = \_\_\_\_\_

÷ \$ 1,000.00 \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_

+

FOR OFFICE USE ONLY

\_\_\_\_\_  
Licensee/Owner Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Person/Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date